Welcome

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Good morning. On this first day of the Perinatal HIV Prevention Grantees Meeting, I would also like to extend a warm welcome from the Division of HIV/AIDS Prevention, National Center for HIV, STD and TB Prevention. It is my pleasure to speak to you this morning as you continue to share your programs, experiences, and plans for maximally reducing perinatal HIV transmission in the U.S.

As will be presented later this morning -- and due in large part to the coordinated efforts of prevention and surveillance efforts at local, state, and national levels -- there has been dramatic progress in reducing perinatal HIV transmission in the U.S. since 1994, when the successful results of Clinical Trial 076 were first announced. Women are being offered voluntary counseling and testing more routinely, and zidovudine (ZVD) use for prevention of mother-to-child transmission has also increased. Dr. Catherine Wilfert will outline some of this progress and the interface of these U.S. perinatal activities with international perinatal prevention implementation efforts.

This progress is related to a number of factors. In addition to the use of ZDV, women also are receiving combination antiretrovirals for their own care during pregnancy, and obstetrical interventions to reduce infant exposure during labor and delivery -- i.e., elective c-sections -- are also being employed. At many referral centers, perinatal transmission rates as low as one to three percent are being reported for women who receive combination therapy for their own health care and zidovudine for perinatal prophylaxis, and who have undetectable viral loads at delivery.

However, gaps still remain. Some women still do not receive antenatal care; some women who do receive antenatal care are not offered voluntary counseling and testing; some HIV-infected women who are identified during pregnancy slip through the cracks and do not receive antiretrovirals either for their own care or for perinatal HIV prevention; and some babies still continue to be infected. This illustrates the importance of the Congressional funding for perinatal HIV-prevention, which began in 1999. These funds are administered through CDC to high-prevalence states and national organizations for this important perinatal HIV prevention initiative.

This morning you will hear from Dr. Martha Rogers on the recommendations from the Revised Counseling and Testing Guidelines, which address the major remaining challenges in reducing perinatal HIV transmission in the U.S., and strategies to deal with these challenges. These include some clinicians who are not routinely offering counseling and testing to all pregnant women, some women who refuse testing, and women who have not received prenatal care and present in labor with unknown HIV status. You will also hear Anne Maxwell give highlights from the Office of Inspector General Report on

reducing barriers to offering counseling and testing in obstetrical practice.

This meeting represents successfully bringing together a variety of important public health programs, both at the state and national level. At the national level, CDC is working closely with NIH, HRSA, SAMSHA* and national health care provider organizations to implement perinatal HIV prevention programs. This includes joint efforts in the development and implementation of the U.S. Public Health Service guidelines for counseling and testing, for reducing perinatal HIV transmission, and for women's health care and treatment**.** And here at CDC, the HIV prevention staff has linked with the surveillance and epidemiology staff to assist you in your state efforts. Likewise, at the state level, HIV prevention and surveillance, maternal child, Medicaid, substance abuse, and other relevant programs are working to bring together perinatal HIV prevention services.

As we work together at the local, state and national levels, it is critical that we build partnerships between public and private health care provider groups, and take a comprehensive approach to monitoring and evaluating these HIV prevention programs. We must also continue to integrate maternal child HIV prevention activities within the broader framework of overall HIV prevention efforts. Evaluations of the ongoing perinatal HIV prevention programs are underway through coordinated efforts of surveillance and prevention programs at CDC and state and city levels. Through this coordinated effort, we can take what we have learned about overall HIV prevention, as well as perinatal HIV prevention successes, to reach those women and infants who may have been under-represented in other HIV prevention efforts.

We want to thank our partners at NIH -- including NIDA, NICHD, NIAID -- as well as colleagues at SAMSHA and HRSA, for the coordinated Public Health Service approaches to reducing perinatal HIV transmission, and for supporting treatment for HIV-infected women, children, and youth. We also appreciate the continued collaborations with our partners at NASTAD and the national health care provider organizations.*

During this meeting, we look forward to updates on research in perinatal HIV prevention and an overview of approaches to evaluating progress in reducing perinatal HIV transmission, plus sharing state experiences on integrated services for pregnant women. Today's discussions include workshops and roundtables addressing the integration of perinatal HIV prevention efforts with maternal child health services, as well as workshops highlighting state programs which address getting counseling, testing, and comprehensive services to high risk groups including adolescents, women with substance abuse problems, and women who have been incarcerated.

By targeting high risk groups, and supporting the offering of routine universal voluntary counseling and HIV testing to all pregnant women in the U.S., we should be able to make continued steady progress towards maximally reducing and potentially eliminating perinatal HIV infection in the U.S.

We look forward to your continued progress and feedback both during the meeting and over the next year in this critical public health effort. Thank you for your dedicated work on behalf of women and children. We pledge CDC's continued support and technical assistance to you in this important public health effort, which will also serve as a model for international perinatal prevention efforts.

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* The organizations Dr. Janssen mentioned include:
NIH -- National Institutes of Health
NIDA – National Institute on Drug Abuse
NICHD – National Institute of Child Health and Human Development
NIAID – National Institute of Allergy and Infectious Diseases
SAMSHA – substance Abuse and Mental Health Services Administration
HRSA – Health Resources and Services Administration
NASTAD – National Alliance of State and Territorial AIDS Directors